

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County OrleRegistration District No. 213

Township

Primary Registration District No. 3014

City

Jefferson City (No. 1)File No. 37482Registered No. 277

St.

Ward)

2. FULL NAME

(a) Residence, No. 1021

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married5A. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF Remona Roundtree
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 1st 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.10311022

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Schauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Alton Ill.

13. NAME

James Roundtree

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Charles mo

15. MAIDEN NAME

Elizabeth Sexton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Osage Mo.

17. INFORMANT (ADDRESS)

Mrs Elizabeth Roundtree
611 E. Bunker

18. BURIAL, CREMATION, OR REMOVAL

PLACE

New City Cem

DATE

10/25/37

19. UNDERTAKER (ADDRESS)

L. D. Hardiman
Jefferson City

20. FILED

10/25/37Sumner M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 13 - 1937, to Oct. 22 - 1937I last saw him alive on Oct. 22 - 1937. Death is saidto have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

DiphtheriaDate of onset
10-12-37

Other contributory causes of importance:

Bronchitis & gen -
unal. debility10-12-37

Name of operation

no

Date of

What test confirmed diagnosis? CoburnWas there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Jefferson City, Mo.

M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 2 1947